

Massachusetts Department of Environmental Protection - Drinking Water Program
Haloacetic Acids Report

HAA5

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID: 3213000

City/Town: NORTH READING

PWS Name: NORTH READING WATER DEPT

PWS Class: COM ☒ NTNC ☐

DEP Location (LOC)ID#	DEP Location Name	Date Collected	Collected By
A 10281	HOOD SCHOOL- HAVERHILL ST.	10/04/16	Mark E. Clark
B 10283	TOWN HALL TAP	10/04/16	Mark E. Clark
C 10300	CLARKE PARK BLDG	10/04/16	Mark E. Clark
D 10301	LINDENMEYER-MUNROE	10/04/16	Mark E. Clark

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
A <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
C <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
D <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

Sample Notes
A
B
C
D

II. Analytical Laboratory Information

Primary Lab MA Cert.#:

MA072

Primary Lab Name:

New England ChromaChem

Subcontracted? (Y/N) N

Analysis Lab MA Cert #:

MA072

Analysis Lab Name:

New England ChromaChem

Contaminant	MCL µg/L	MDL µg/L	Results ¹ µg/L			
			A	B	C	D
Total HAA5	60	-----	9.35	5.86	19.5	2.87
Monochloroacetic Acid		1	1.21	1.01	1.16	ND
Dichloroacetic Acid		1	4.94	1.77	8.54	1.80
Trichloroacetic Acid		1	2.18	3.08	7.83	1.07
Monobromoacetic acid		1	ND	ND	ND	ND
Dibromoacetic Acid		1	1.02	ND	2.01	ND
Lab Method			EPA 552.2	EPA 552.2	EPA 552.2	EPA 552.2
Date Extracted			10/06/16	10/06/16	10/06/16	10/06/16
Date Analyzed			10/06/16	10/06/16	10/06/16	10/06/16
Lab Sample ID#			610034	610035	610036	610037
Surrogate: 2-Bromopropionic Acid %			91	102	101	109

¹ Report result as a number greater than 0 or ND(not a value)

LAB SAMPLE NOTES
A
B
C
D

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Brian L. Brown

Date: 10/07/16

If not submitting these results electronically, mail TWO copies of this report to DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP Review Status (Initial and Date)	Review Comments	WQTS Date Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		